

ASCEND PSYCHOLOGICAL SERVICES

TEACHER CONTRIBUTION FORM

Child's Name: _____ Date of Birth: _____

General Instructions

Dear Teacher:

As part of the psychological evaluation process, we ask that you complete the enclosed questionnaires about the above named student. Your answers will provide an understanding of the student's performance in your classroom, as well as your perceptions. This information will help to ensure an accurate assessment, which will assist in making appropriate recommendations. You may add or attach any additional information that you feel would be helpful in the evaluation process, such as work samples. We appreciate your cooperation and willingness to complete these forms and to return them promptly. When completing the forms, consider the following instructions:

1. Please read the questions carefully and answer them in full.
2. Write as legibly as possible.
3. Be sure to complete all additional forms provided in the packet.
4. The student's primary teacher should complete all forms. If the student goes to several teachers, please contact our office to ensure forms are sent to all teachers involved.
5. Please understand this information is for evaluation and recommendation purposes and will be shared as part of the evaluation. If there is information you are hesitant in sharing, please contact the evaluator for clarification or a private meeting.

Should you have any questions or concerns, you may contact _____,
_____, at _____.

Thank you in advance for completing the forms and returning them promptly.



DEMOGRAPHIC INFORMATION

Child's Name: _____ Age: _____

Gender: _____ Grade: _____ Teacher: _____

REFERRAL INFORMATION

Briefly state your main concerns regarding this student:

Please note any specific questions you would like answered by this evaluation:

Please indicate the outcomes or services you would like to result from this evaluation:

GENERAL INFORMATION

How is this student's school attendance? Good Fair Poor

If poor or fair, provide general information regarding days missed (i.e., illness, tardy, etc.):

EDUCATIONAL PERFORMANCE

Describe this student's academic strengths:

Provide a description of this student's educational weaknesses:

Provide a brief summary of this student's classroom behaviors:

Describe this student's social skills and interactions with other students and/or adults:

Please list and explain any adaptations or accommodations presently provided in your classroom and note the outcome of these interventions:

To what degree is this student's instructional level different from that of a typical student in this grade:

Reading:

- Far below Below Average Above average Well above

Mathematics:

- Far below Below Average Above average Well above

Listening Comprehension:

- Far below Below Average Above average Well above

Written Expression:

- Far below Below Average Above average Well above

Work Habits:

- Far below Below Average Above average Well above

Oral Expression:

- Far below Below Average Above average Well above

Please explain your ratings above:

Document how this student's progress in the general education curriculum is different than that of an average student in your class:

Do you believe this child is in need of specially designed instruction? Yes No

ACQUISITION AND RETENTION INFORMATION

Circle the score below that best describes this student's rate of Acquisition in your class:

- 5 **Exceptional Rate of Acquisition** – The student reliably shows mastery of new materials presented classroom prior to the instruction (based on pretests, observations, etc.).
- 4 **Above Average Rate of Acquisition** – The student learns or acquires new skills or materials immediately after the presentation.
- 3 **Average Rate of Acquisition** – The student requires additional practice of a skill after the initial presentation, but he or she learns consistent with classmates.
- 2 **Below Average Rate of Acquisition** – The student displays some difficult learning new or novel materials and he or she needs extensive practice and/or repetition and he or she learns slower than peers do.
- 1 **Impaired Rate of Acquisition** – The student requires significant and extensive assistance to acquire new skills.

Circle the score below that best describes this student's rate of Retention in your class:

- 5 **Exceptional Rate of Retention** – The student consistently retains at or above 95% of the materials taught even after a time of not using the skills. He or she further demonstrates retention through consistent and generalized use of skills in the classroom as well as during daily activities.
- 4 **Above Average Rate of Retention** – The student retains between 85% and 95% of the materials taught in the class after a time period has elapsed.
- 3 **Average Rate of Retention** – The student retains most information, but he or she requires review and reteaching of materials on occasion.
- 2 **Below Average Rate of Retention** – The student struggles to retain information but he or she will recall information after continued review or reminders.
- 1 **Impaired Rate of Retention** – The student has great difficulty retaining information and information must be continually taught as if it was the first presentation.

ADDITIONAL INFORMATION

Please write any additional comments regarding this student that may assist in the evaluation process:

Teacher's Name: _____ Date: _____

Grade Level/Program: _____